

AN ORDINANCE 100992

AUTHORIZING THE EXECUTION OF A CONTRACT CHANGE WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES THAT SETS FORTH ADDITIONAL CLINICAL PROCEDURES AND REIMBURSEMENT RATES FOR THE BREAST AND CERVICAL CANCER CONTROL PROGRAM OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FOR THE PERIOD JULY 1, 2004 THROUGH JUNE 30, 2005; AND REVISING THE PERSONNEL COMPLEMENT.

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WHEREAS, the Texas Department of State Health Services (TDSHS) provides annual financial assistance to the San Antonio Metropolitan Health District (SAMHD) to supplement the delivery of comprehensive public health services in order to protect the health of all residents within the jurisdiction of the SAMHD; and

WHEREAS, Ordinance 99612, passed and approved August 26, 2004, authorized the execution of TDSHS Contract Number 7460020708B 2005 for public health services, and provided \$135,200.00 through Attachment No. 01 of said contract in order to renew support for the Breast and Cervical Cancer Control Program (BCCCP) of the SAMHD to serve low-income, uninsured women for the period July 1, 2004 through June 30, 2005; and

WHEREAS, TDSHS has now added additional clinical procedures and reimbursement rates that the SAMHD can be reimbursed for in support for the Breast and Cervical Cancer Control Program (BCCCP), and these procedures and rates are set forth in TDSHS Contract Change Notice 01, Attachment No. 01A to Contract Number 7460020708B 2005 01; and

WHEREAS, it is now necessary to authorize the execution of the contract change with TDSHS and revise the personnel complement; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The Interim City Manager, or his designee, is hereby authorized to execute Contract Change Notice No. 01, Attachment No. 01A to Contract Number 7460020708B 2005 01 with TDSHS, which sets forth additional clinical procedures and reimbursement rates to support the Breast and Cervical Cancer Control Program (BCCCP) of the SAMHD for the period July 1, 2004 through June 30, 2005. A copy of Contract Change Notice No. 01, Attachment 01A, is attached as Attachment II and incorporated herein for all purposes.

SECTION 2. SAP Fund No. 26016000 has been previously designated for use in accounting for the above project.

SECTION 3. The four (4) personnel positions set out in Attachment I are hereby authorized for the activity thereon.

SECTION 4. The Director of Finance may, subject to concurrence by the Interim City Manager or the Interim City Manager's designee, correct allocation to specific fund numbers, account numbers, and internal order numbers as necessary to carry out the purpose of this ordinance.

SECTION 5. Should the agreement be in an amount other than that budgeted for, or should the agreement contain terms and conditions different than those currently existing, acceptance of the agreement, budget and corresponding personnel complement will be subject to subsequent City Council ordinance.

SECTION 6. If an agreement, as first reviewed and approved by the City Attorney, is not signed by both parties within sixty (60) days from the effective date of this ordinance, it becomes null and void, and any further signed documents must be considered by the City Council.

SECTION 7. This ordinance shall be effective on and after June 19, 2005.

PASSED AND APPROVED this 9th day of June, 2005.




M A Y O R
EDWARD D. GARZA

ATTEST:


City Clerk

APPROVED AS TO FORM:


City Attorney

Attachment I
Breast and Cervical Cancer Control Program FY05
Fund 26016000
Funds Center 3606210000
Functional Area 3600500000060002
Budget for Period: 07/01/2004 through 06/30/2005
TDSHS Contract 7460020708B 2005

ESTIMATED REVENUES	SAP GL No.	CURRENT AMOUNT	ADD (DEDUCT)	REVISED BUDGET
TDSHS Attachment #01A	4501100	135,200	0	135,200
Transfer from Fund No. 26-016060	6101100	9,800	0	9,800
Total Estimated Revenues		\$ 145,000	0	\$ 145,000

APPROPRIATIONS

Breast and Cervical Cancer Control Prevention Program
Activity 36-06-21 07/01/2004 through 06/30/2005
Cost Center 3606210001
Internal Order 136000000239

Regular Salaries & Wages	5101010	71,327	0	71,327
Language Skill Pay	5101050	600	0	600
Social Security	5103005	5,457	0	5,457
TMRS	5105010	6,845	0	6,845
Group Health Insurance	5405040	10,096	0	10,096
Life Insurance	5103010	134	0	134
Workers' Disability Compensation	5405020	400	0	400
Mail & Parcel Post Service	5205010	341	0	341
Rental of Equipment	5205020	0	0	0
Travel - Official	5207010	0	0	0
Car Expense Allowance	5103055	800	0	800
Fees to Professional Contractors	5201040	46,600	0	46,600
Temporary Services	5202010	400	0	400
Membership Dues & Licenses	5203050	100	0	100
Binding, Printing & Reproduction	5203060	100	0	100
Office Supplies	5302010	700	0	700
Tools, Apparatus & Accessories	5304050	100	0	100
Liability, Hazard & Fidelity Ins.	5405030	1,000	0	1,000
Total Appropriations		\$ 145,000	0	145,000

PERSONNEL COMPLEMENT

Activity 36-06-21
 Cost Center 3606210001
 Internal Order 136000000239

Class No.	Title	PREVIOUS POSITIONS	ADD (DEDUCT)	CURRENT POSITIONS
0067	Administrative Aide	1	0	1
0244	Senior Public Health Nurse	1	(1)	0
0244	Senior Public Health Nurse (.50 FTE)	1	0	1
0247	Public Health Nursing Supervisor	0	1	1
0267	Licensed Vocational Nurse	1	0	1
Total Personnel:		4	0	4



ATTACHMENT II

DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS

DSHS Document No. 7460020708B2005

COUNTY OF TRAVIS

Contract Change Notice No. 01

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION:

ATT NO. 01A : CHS-BREAST AND CERVICAL CANCER

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

By: _____
(Signature of person authorized to sign)

(Name and Title)

Date: _____

RECOMMENDED:

By: _____
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

RECEIVING AGENCY :

DEPARTMENT OF STATE HEALTH SERVICES

By: _____
(Signature of person authorized to sign)

Bob Burnette, Director
Procurement and Contracting Services Division

(Name and Title)

Date: _____

SC PCSD - Rev. 6/04

DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01A	CHS/BC 0000002307	07/01/04	06/30/05	93.919	135,200.00	0.00	135,200.00
DSHS Document No.7460020708B2005 Change No. 01				Totals	\$135,200.00	\$ 0.00	\$135,200.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.